

Application Data Sheet

**Application Information**

Application Number::

Filing Date::

Application Type:: Divisional

Subject Matter:: Utility

CD-ROM or CDR?::

Number of CD Discs::

Number of copies of CDs::

Sequence Submission?:: Diskette and Paper

Computer Readable Form  
(CRF?):: Yes

Number of Copies of CRF:: 1

Title:: - CHEMOKINE EXPRESSED IN INFLAMED ADENOID

Attorney Docket No.: PF-0025-4 DIV

Request for Early Publication:: No

Request for Non-Publication:: No

Total Drawings Sheets:: 4

Small Entity:: ~~No~~

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full capacity

First Name:: Karl

Middle Name:: J

Last Name:: Guegler

Name Suffix::

City of Residence:: Menlo Park

State or Province of  
Residence:: CA



Street of mailing address:: 1048 Oakland Avenue  
City of mailing address:: Menlo Park  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94025

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
First Name:: Phillip  
Middle Name:: R  
Last Name:: Hawkins  
Name Suffix::  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Street of mailing address:: 750 North Shoreline Boulevard  
#115  
City of mailing address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94043

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
First Name:: Craig  
Middle Name:: G



Last Name:: Wilde  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Street of mailing address:: 1239 Mandarin Drive  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94087

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Deceased Inventor  
First Name:: Jeffrey  
Middle Name:: J  
Last Name:: Seilhamer  
Name Suffix::  
City of Residence:: Los Altos Hills  
State or Province of Residence:: CA  
Street of mailing address:: 12555 La Cresta  
City of mailing address:: Los Altos Hills  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94022

**Correspondence Information**



Correspondence Customer Number:: 27904

Representative Information

Representative Customer Number:: 27904

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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<b>This Application</b>	Division of	09/588,044	06/05/00
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09/588,044	Division of	09/203,235	12/01/98
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09/203,235	Division of	08/862,607	05/23/97
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08/862,607	Division of	08/352,324	12/07/94
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**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**Assignee Information**

Assignee name:: Incyte Corporation

Street of mailing address:: 3160 Porter Drive

City of mailing address:: Palo Alto

State or Province of mailing address:: California

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94304